

County: Calumet  
 CHILTON CARE CENTER  
 810 MEMORIAL DR

Facility ID: 2130

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CHILTON 53014 Phone:(920) 849-2308  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/04): 60  
 Total Licensed Bed Capacity (12/31/04): 60  
 Number of Residents on 12/31/04: 47

Ownership: Limited Liability Company  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 48

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.7
Supp. Home Care-Personal Care	No					1 - 4 Years		57.4
Supp. Home Care-Household Services	No	Developmental Disabilities	6.4	Under 65	6.4	More Than 4 Years		14.9
Day Services	No	Mental Illness (Org./Psy)	31.9	65 - 74	2.1			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	36.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.1		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.1		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	23.4	65 & Over	93.6	-----		
Transportation	No	Cerebrovascular	8.5		-----	RNs		8.2
Referral Service	No	Diabetes	6.4	Gender	%	LPNs		13.4
Other Services	No	Respiratory	6.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.8	Male	36.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	63.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
			Per Diem (\$)		Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All	
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	0	0.0	0	1	3.2	144	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.1
Skilled Care	8	100.0	298	27	87.1	124	0	0.0	0	8	100.0	145	0	0.0	0	0	0.0	0	43	91.5
Intermediate	---	---	---	2	6.5	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	3.2	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.1
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		31	100.0		0	0.0		8	100.0		0	0.0		0	0.0		47	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	14.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	4.3	68.1	27.7	47
Other Nursing Homes	4.9	Dressing	14.9	57.4	27.7	47
Acute Care Hospitals	80.5	Transferring	21.3	51.1	27.7	47
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	14.9	55.3	29.8	47
Rehabilitation Hospitals	0.0	Eating	59.6	34.0	6.4	47
Other Locations	0.0	*****				
Total Number of Admissions	41	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.6		Receiving Respiratory Care	14.9
Private Home/No Home Health	32.6	Occ/Freq. Incontinent of Bladder	46.8		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	4.3	Occ/Freq. Incontinent of Bowel	29.8		Receiving Suctioning	0.0
Other Nursing Homes	2.2				Receiving Ostomy Care	4.3
Acute Care Hospitals	6.5	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	31.9
Rehabilitation Hospitals	0.0				*****	
Other Locations	13.0	Skin Care			Other Resident Characteristics	
Deaths	41.3	With Pressure Sores	6.4		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	4.3		Medications	
(Including Deaths)	46				Receiving Psychoactive Drugs	53.2

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79.1	88.5	0.89	89.0	0.89	90.5	0.87	88.8	0.89
Current Residents from In-County	91.5	80.0	1.14	81.8	1.12	82.4	1.11	77.4	1.18
Admissions from In-County, Still Residing	24.4	17.8	1.37	19.0	1.28	20.0	1.22	19.4	1.26
Admissions/Average Daily Census	85.4	184.7	0.46	161.4	0.53	156.2	0.55	146.5	0.58
Discharges/Average Daily Census	95.8	188.6	0.51	163.4	0.59	158.4	0.61	148.0	0.65
Discharges To Private Residence/Average Daily Census	35.4	86.2	0.41	78.6	0.45	72.4	0.49	66.9	0.53
Residents Receiving Skilled Care	93.6	95.3	0.98	95.5	0.98	94.7	0.99	89.9	1.04
Residents Aged 65 and Older	93.6	92.4	1.01	93.7	1.00	91.8	1.02	87.9	1.07
Title 19 (Medicaid) Funded Residents	66.0	62.9	1.05	60.6	1.09	62.7	1.05	66.1	1.00
Private Pay Funded Residents	17.0	20.3	0.84	26.1	0.65	23.3	0.73	20.6	0.83
Developmentally Disabled Residents	6.4	0.9	7.19	1.0	6.18	1.1	5.69	6.0	1.06
Mentally Ill Residents	31.9	31.7	1.01	34.4	0.93	37.3	0.86	33.6	0.95
General Medical Service Residents	12.8	21.2	0.60	22.5	0.57	20.4	0.63	21.1	0.61
Impaired ADL (Mean)	50.6	48.6	1.04	48.3	1.05	48.8	1.04	49.4	1.02
Psychological Problems	53.2	56.4	0.94	60.5	0.88	59.4	0.90	57.7	0.92
Nursing Care Required (Mean)	7.7	6.7	1.15	6.8	1.13	6.9	1.12	7.4	1.04